SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 7 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Alzheimers Impact Moven	nent Political A	ction Committee	
Full Name (Last, First, Middle Initial) A. Mr. Robert Thomas			Date of Receipt
Mailing Address 1516 S Boston Ave Ste 301			01 04 2016
City Tulsa	State OK	Zip Code 74119-4019	Transaction ID : A23E7845F9F214C2EAF3 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Senior Star	Occupation Co-owner	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) B. Mrs. Susan Thomas			Date of Receipt
Mailing Address 1516 S Boston Ave Ste 301			01 04 2016
City Tulsa	State OK	Zip Code 74119-4019	Transaction ID : A14274F819FA447F3843 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Retired	Occupation Retired		
Receipt For: □ Primary □ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) C. Ms. Cindy Langenfeld			Date of Receipt
Mailing Address 420 E Waterside Dr Unit 1901			01 11 2016
City Chicago	State IL	Zip Code 60601-8007	Transaction ID : A08FF63CC06BB4BA793 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer	Occupation		
None Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]
SUBTOTAL of Receipts This Page (opt	ional)		15000.00
TOTAL This Period (last page this line	number only)		